

**ADVANCED PLACEMENT INCENTIVE GRANT**

Our school district participated in one or both of the sections of the Advanced Placement Incentive Grant for the 2009-2010 school year.

The following qualifying students from \_\_\_\_\_ High School were identified for taking AP Exams in May 2010 and completed that endeavor on \_\_\_\_\_, 2010. The exam fees for these students have been paid by the \_\_\_\_\_ school district and a verifying document showing such payment is enclosed. Thus, under the guidelines of the Advanced Placement Incentive Grant, the reimbursement for those costs are now being requested in the amount of (\_\_\_\_\_ students @ \$56.00) \$\_\_\_\_\_ to be sent to the school district.

Student Name	Grade Level	AP Course
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If more names are to be submitted, duplicate this form and add the names.

Signature of School Official\_\_\_\_\_

Title\_\_\_\_\_

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Signature of School Official\_\_\_\_\_

Title\_\_\_\_\_

If you have questions or comments about this form and/or process, please contact me at 402-471-0737, by e-mail at [mary.duffy@nebraska.gov](mailto:mary.duffy@nebraska.gov) or at address below.

Mailing address: Send reimbursement claim form to:

High-Ability Learner Program

Department of Education

301 Centennial Mall South

P.O. Box 94987

Lincoln, NE 68509-4987

School District\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Phone\_\_\_\_\_

**NOTE: This claim form is to be mailed after May 15, 2010 and before September 15, 2010.**